

Signature



ORTHOPÄDIE + REHA-TECHNIK 2008

"U.S. INTERNATIONAL PAVILION" SPACE APPLICATION

May 21-22	+, 2008	Frade Fair Center ■ Leipzig	Germany
Company:			
Address:			
City:	State	:Zip:	<u></u> .
Tel. ()	_Fax. ()	E-mail:	
Contact Person:	Title :		
Invoice address if different from above	<u>e</u>		
Address:			
City:	State	:Zip:	<u>-</u> -
Tel. ()	_Fax. ()	E-mail:	
Contact Person:	Title :		
A. Booth/stand requirements:		<u>EURO</u> .	<u>US\$</u>
3x3-meter stand unit a	t US\$475.00/m	EUR 3,195.00	US\$4,275.00
3x4-meter stand unit a	t US\$475.00/m	EUR 4,260.00	US\$5,700.00
3x5-meter stand unit a	t US\$475.00/m	EUR 5,325.00	US\$7,125.00 or
a larger booth	meters X	_meters at EUR355.00 or US\$	475.00/m²
Independent "Space O	nly"mete	rs Xmeters @	
B. Organizer's Mandatory Show Catalog	g Entry Fee		US\$210.00
C. Sub-total Before VAT (A+B)			US\$
D. VAT (19% of C)			US\$
Note: VAT will not be charged to companies	with a German VAT r	umber. If your company is exem	ot from VAT, please provide your
German VAT number here:			or monitority piouso provide your
			1100
E. Total Participation Fee (C+D)			US\$
F. Due With Application 50%			US\$
Note: Participation fee is based upon the et and subject to adjustment in January 2008. Kallman Associates. Make checks payable the "Participation regulations and deposit.	No exhibit space will to Kallman Associates	be reserved until this application s, Inc. The balance payment is du	and deposit check are received by e September 30, 2007.
Cancellation Policy: Because we base our ir 50 per cent of the total participation fee is not the following guidelines will apply: (a) Writt Day of the show will result in full refund of the within 120 days of the Opening Day of the sl	on-refundable. If, afte en notification of the i he second 50 per cent	r the remaining 50 per cent baland intention to cancel received more payment, less a \$100.00 handling	ce is paid a cancellation is made, than 120 days before the Opening
Signature Signature	Print Name		